



REQUEST FOR PROPOSALS
Workforce Innovation and Opportunity Act (WIOA)
One-Stop Operator

FORM C

Proposer Assurances

1. I am authorized by my Board of Directors, Trustees, other legally qualified officers, or as the owner of the agency or business I represent to submit this proposal on behalf of my organization.
2. We are not currently on any federal, State of Nevada, or local Debarment List.
3. We will utilize the appropriate fiscal controls and accounting procedures to ensure that contract funds are used as required by law and contract.
4. We will meet all applicable federal, state, and local compliance requirements. These include, but are not limited to:
 - Maintaining records to accurately reflect actual performance;
 - Providing record confidentiality, as required;
 - Reporting financial, participant, and performance data, as required;
 - Complying with federal and state non-discrimination provisions; and
 - Meeting all applicable labor laws.

As an authorized representative of the organization listed below, I hereby certify that the foregoing information and all content of this proposal is true and accurate, and I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any award approved through this program.

Proposer Organization:			
Name of Authorized Signatory:			
Title of Authorized Signatory:			
Authorized Signature:		Date:	